

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033364

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 359

FILED SEP 3 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	St. Francois	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	Bonne Terre	b. COUNTY	St. Louis
Length of stay in 1b	5 months	c. CITY OR TOWN	St. Louis
c. FULL NAME OF (If NOT in hospital, give location)	9 Louise Street	d. STREET ADDRESS	(If outside, give location)
HOSPITAL OR INSTITUTION	9 Louise Street	Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Andrew Patterson Robinson			August 23, 1963		
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR
Male	White		8/14/1871	92	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY	
Merchant		Merchant	Irondale Missouri	U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
Joseph I. Robinson		Lucy Yeargin		Lucy Whaley-Sue Townsen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)			16. SOCIAL SECURITY NO.		
No			Mrs. E.H. Woods, Bonne Terre, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		2 hrs.
IMMEDIATE CAUSE (a)		
Cerebral hemorrhage		
DUE TO (b)		
Hypertension		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
Arteriosclerosis		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	
		COUNTY	
		STATE	

21. I attended the deceased from 8-23-63 to 8-23-63 and last saw him alive on 8-23-63	
Death occurred at 4:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE	22b. ADDRESS
(Degree or title)	Bonne Terre, Missouri
	22c. DATE SIGNED
	8-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)
Burial	8/26/1963	Methodist Cemetery	Caledonia, Missouri
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.		
Dale Sparks Bonne Terre, Mo.	Aug 26, 1963		
26. REGISTRAR'S SIGNATURE			
Ester R. Redloff			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300	DATE AMENDED	
Rev. 4/59		
10941		
24000		
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4 0		
5 2		
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7 0		
8 2		
9331X		
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11		
12 70-0		
13 1-0		

SEP 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Everett Sparks
Licensed Embalmer No. Bonnie L. Sparks
4287

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.